COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled <u>Drug Delivery Methods and Devices</u>, the specification of which was filed on <u>January 27, 2006</u> as Application Serial No. <u>10/566,331</u>, and is that of PCT International Application No. <u>PCT/US2004/024550</u>, filed on July 29, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United inventor's or plant breeder's rights certificate(s), or any PCT international application for patent, before that of the application on which priority is claimed.

Country Serial Number PCT PCT/US2004/024550	Filing Date Priority Claimed? July 29, 2004 Yes
---	---

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing D. J.	
60/490,757	Filing Date	Status
	July 29, 2003	Abandoned

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

ConiclN		
Serial Number	Filing Date	Status
		Otatus

I hereby appoint the attorneys and/or agents associated with customer number **21559** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number **21559**.

Address all telephone calls to: Susan M. Michaud, Ph.D. at 617-428-0200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name	Residence Address	Post Office Address	Country of
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	Citizenship
Michael Lewis	Andover, MA	25 Kathleen Drive	U.S.
		Andover, MA 01810	
Signature: Make,	I/L.		2/5/2007
Olgitature.			Date.
Full Name	Residence Address	Post Office Address	Country of
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	Citizenship
Bruce A. Littlefield	Andover, MA	4 Twinbrook Circle	U.S.
		Andover, MA 01810	
Signature:	17		2/5/00 Date: Rs
Full Name	Residence Address	Post Office Address	Country of
/First Middle Loot	(City State Country)	(Street, City, State, Country)	Citizenship
(First, Middle, Last)	(City, State, Country)	(Olicel, Oily, Olale, Oddilly)	Onizerianip
J. Paul Carter	North Andover, MA	40 Salem Street	U.S.
			
		40 Salem Street	

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled <u>Drug Delivery Methods and Devices</u>, the specification of which was filed on <u>January 27, 2006</u> as Application Serial No. <u>10/566,331</u>, and is that of PCT International Application No. PCT/US2004/024550, filed on July 29, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
PCT	PCT/US2004/024550	July 29, 2004	Yes

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/490,757	July 29, 2003	Abandoned

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the attorneys and/or agents associated with customer number **21559** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number **21559**.

Address all telephone calls to: Susan M. Michaud, Ph.D. at 617-428-0200.

Residence Address

Full Name

Signature:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Post Office Address

Country of

Date:

(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	Citizenship
Michael Lewis	Andover, MA	25 Kathleen Drive,	U.S.
		Andover, MA 01810	
Signature:			Date:
Full Name	Residence Address	Post Office Address	Country of
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	Citizenship
Bruce A. Littlefield	Andover, MA	4 Twinbrook Circle	U.S.
		Andover, MA 01810	
		711100101, 11111010	The State of the S
		7.11.00.01, 11.11.01.01.01	
		, Artactor, Institution	
Signature:		Transcor, mix o long	Date:
Signature:		Transcor, milescore	Date:
Signature:		Tradeco, miles cons	Date:
Signature:	Residence Address	Post Office Address	Date:
	Residence Address (City, State, Country)		
Full Name		Post Office Address (Street, City, State, Country) 40 Salem Street	Country of
Full Name (First, Middle, Last)	(City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Full Name (First, Middle, Last)	(City, State, Country)	Post Office Address (Street, City, State, Country) 40 Salem Street	Country of Citizenship